

MDR Tracking Number: M5-04-1421-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 01-21-04.

The IRO reviewed supplies/materials, therapeutic exercises, group therapeutic procedures, office visits, massage therapy, mechanical traction, joint mobilization and myofascial release rendered from 04-04-03 through 07-31-03 that were denied based upon "U".

The IRO determined that supplies/materials (analgesic balm), limited office visits and four units per date of service of therapeutic exercises from dates of service 04-04-03 through 06-10-03 **were** medically necessary. The IRO determined that group therapeutic procedures, greater than four units of therapeutic exercises during dates of service 04-04-03 through 06-10-03 and all services after 06-10-03 **were not** medically necessary. The respondent raised no other reasons for denying reimbursement for the above mentioned services.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 04-13-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 99070 date of service 04-04-03 denied with denial code "F" (fee guideline MAR reduction). Additional reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$8.33 (\$18.33 minus carrier payment of \$10.00).

CPT code 99070 date of service 04-07-03 denied with denial code "G" (global). The carrier did not specify which service CPT code 99070 was global to per Rule 133.304(c). Reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$50.00.

CPT code 97110 date of service 04-16-03 denied with denial code "F" (fee guideline MAR reduction). Recent review of disputes involving CPT Code 97110 by the Medical Dispute

resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation

reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended

CPT code 99214 dates of service 04-22-03 and 06-10-03 denied with denial code "N" (not appropriately documented). The requestor submitted documentation that met criteria. Reimbursement is recommended per the 96 Medical Fee Guideline in the amount of \$142.00 (\$71.00 X 2 DOS).

CPT code 99080-73 dates of service 04-22-03 and 05-14-03 denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement per Rule 133.106(f) is recommended in the amount of \$30.00 (\$15.00 X 2 DOS).

CPT code 95851 date of service 04-22-03 (2 units) denied with denial code "G" (global). The carrier did not specify which service CPT code 95851 was global to per Rule 133.304(c). Reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$72.00 (\$36.00 X 2 units).

CPT code 97750-MT dates of service 04-22-03 through 06-10-03 (28 units total) denied with denial code "G" (global). The carrier did not specify which service CPT code 97750-MT was global to per Rule 133.304(c). Reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$1,204.00 (\$43.00 X 28 units).

Review of CPT codes 99213, 97250 and 97150 on date of service 06-04-03 and CPT codes 99080-73 and 95851 on date of service 06-10-03 revealed that neither the requestor nor respondent submitted copies of EOBs. The requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs per Rule 133.307(e)(2)(B). No reimbursement is recommended.

CPT code 99080 date of service 06-12-03 denied with denial code "F" (fee guideline MAR reduction). No payment has been made by the carrier. Reimbursement per the 96 Medical Fee Guideline is recommended in the amount of \$37.00.

This above Findings and Decision is hereby issued this 29th day of November 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for dates of service 04-04-03 through 06-12-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 29th day of November 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dlh

NOTICE OF INDEPENDENT REVIEW DECISION

March 31, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-1421-01
 IRO Certificate #: IRO4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____'s health care professional has signed a certification statement stating that no known conflicts

of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ____ while operating a forklift. It shifted and knocked him about, causing pain to his back and neck. He saw a chiropractor for treatment and therapy. Cervical and lumbar MRIs dated 05/01/03 were unremarkable.

Requested Service(s)

Supplies/materials, therapeutic exercises, group therapeutic procedures, office visits, massage therapy, mechanical traction, joint mobilization, and myofascial release from 04/04/03 through 07/31/03

Decision

It is determined that the supplies/materials (analgesic balm), limited office visits, and four units per date of service of therapeutic exercises from 04/04/03 through 06/10/03 were medically necessary to treat this patient's condition. However, group therapeutic procedures greater than four units of therapeutic exercises during dates of service 04/04/03 through 06/10/03, and all services after 06/10/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There is no documentation in the medical records to support the medical necessity of more than four units of therapeutic exercise per date of service or the addition of group therapeutics when four units were performed. Although the provider opined that the motion testing documented the patient's improved cervical and lumbar ranges of motion (ROM), that statement conflicts with the dual inclinometer ROM testing performed on 04/22/03 and 06/10/03.

Instead of the cervical spine ROM improving between these two dates, they remained unchanged and some had declined. And instead of the lumbar ROM improving between 04/22/03 and 06/10/03, lumbar extension actually declined by 41% and lumbar flexion by 46%. Based on those examination findings, the treatment had yielded no material benefit and thus no further treatment after 06/10/03 was medically indicated. Therefore, it is determined that the supplies/materials (analgesic balm), limited office visits, and four units per date of service of therapeutic exercises from 04/04/03 through 06/10/03 were medically necessary. However, group therapeutic procedures from 04/04/03 through 06/10/03, greater than four units per date of service of therapeutic exercises, and all services after 06/10/03 were not medically necessary.

Sincerely,